Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Rod R. Blagojevich, Governor
Barry S. Maram, Director

Telephone: (877) 782-5565
TTY: (800) 526-5812

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INFORMATIONAL NOTICE

TO: **Participating Medical Assistance Providers**

RE: **New Procedure Codes for Prenatal Services**

Effective for dates of service on or after January 1, 2005, the department will begin reimbursement for two new HCPCS codes for prenatal services. Effective with dates of service on or after May 1, 2005, providers will no longer have to bill the evaluation/management code with the TH modifier to receive the enhanced prenatal care reimbursement rate. Providers will receive the enhanced prenatal care reimbursement rate for the two new HCPCS codes. The department's requirements for billing the new HCPCS codes are outlined below.

Initial prenatal visit
Use procedure code 0500F – Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care, report also date of visit and in a separate field, the last date of menstrual period (LMP)). The department will require providers to report the LMP when billing this procedure code.

Providers billing on the 837P will report the LMP in Loop 2300. Providers billing on the DPA 2360 will report the LMP in Field 23D.

Subsequent prenatal visits
Use procedure code 0502F – Subsequent prenatal care visit.

Visits for medical complications of pregnancy
Use the appropriate Evaluation and Management office visit code with the complication as the primary diagnosis and pregnancy as the secondary diagnosis code.

Please remember, you can register to receive e-mail notification when new provider information has been posted by the department by going to the following IDPA Web sites:
http://www.dpaillinois.com/provrel/ or http://www.ildpa.com/provrel/

If you have any questions regarding this notice, please contact the Bureau of Comprehensive Health Services toll-free at 1-877-782-5565.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs